Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of this office that a range of mental health services shall be available for any inmate who requires them.

712.3 MENTAL HEALTH SERVICES

The Chief Deputy of Corrections should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Assistance with mental health screening, diagnosis and care, including intake screening.
- Referral to services for the detection, diagnosis and treatment of mental illness and follow-up care after release from custody.
- Crisis intervention and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management and psychotherapy.
- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Referral, transportation and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility.
- Obtaining and documenting informed consent.
- Release planning services.

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712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to qualified health care professionals through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

(a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.

(b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

(c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best reasonably available housing option.

(d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional or health-trained corrections deputies as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.

(e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate’s health record and retained in accordance with established records retention schedules.

(f) A treatment plan should be established for all inmates enrolled in mental health services.

1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.

3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed

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with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.

(g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

1. Qualified health care professionals should be assigned to daily rounds in the segregation unit to determine the mental health status of inmates housed there.
2. Segregated inmates may be referred by the correctional facility staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.

(h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Responsible Physician shall be the decision-maker regarding the health care needs of the inmate.

1. The Responsible Physician may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
2. The Responsible Physician should notify the Chief Deputy of Corrections of the request to transfer the inmate for medical treatment.
3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

712.5 COMPETENCY EVALUATIONS AND RESTORATION SERVICES

The Chief Deputy of Corrections shall ensure competency evaluators have reasonable, timely, and appropriate access to inmates for the purpose of performing their evaluations (RCW 10.77.625).

If an offer of admission for competency evaluation or restoration services is received for an inmate, the Chief Deputy of Corrections shall ensure the inmate is transported to a facility designated by the Washington Department of Social and Health Services within one day of receipt (RCW 10.77.625).

712.6 FORENSIC NAVIGATOR FOR COMPETENCY EVALUATIONS

When a court-appointed forensic navigator requests access to an inmate referred for a competency evaluation, the Chief Deputy of Corrections shall provide access within 24 hours of

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the request. The Chief Deputy of Corrections shall also provide relevant information relating to the inmate within 72 hours of a request for records (RCW 10.77.615; WAC 388-875-0200; WAC 388-875-0210).

712.7 CLINICAL INTERVENTION SPECIALISTS

The Chief Deputy of Corrections or the authorized designee shall allow clinical intervention specialists access to inmates, and those inmates' health and conduct records, who have been referred for competency evaluation or restoration services by the Department of Social and Health Services (RCW 10.77.680).

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